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The Official Organ of the Provincial Hospital Associations

The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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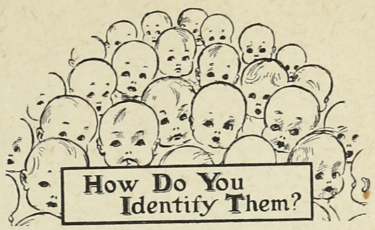
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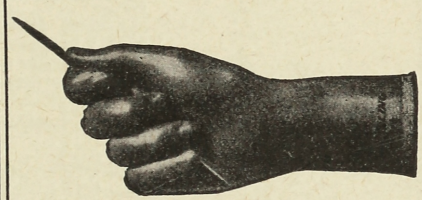
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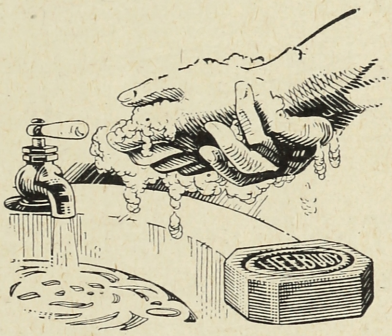
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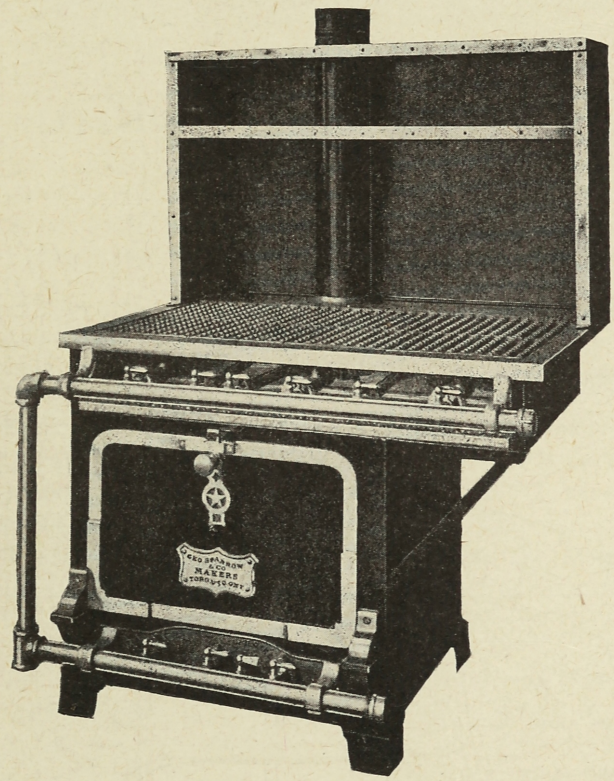
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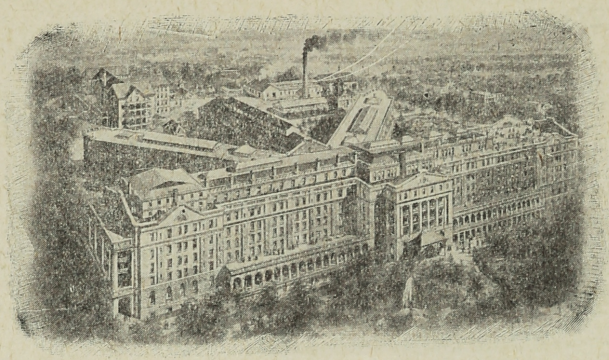


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THE HOSPITAL, MEDICAL AND NURSING WORLD
TORONTO, CANADA

A professional journal published in the interests of Hospitals, and the Medical and Nursing Professions.

VOL. XXVIII TORONTO, OCTOBER, 1925 No. 4

Editorial

The British Hospital Association

This association convened in Manchester in the last week in June.

Sir William Milligan put forward a scheme for the building of hospitals for people of moderate means; hospitals which would make a charge suitable to the means of the patients, and whose existence would relieve the pressure on the voluntary hospitals. While the poor were admirably looked after and the rich were quite able to look after themselves, there was an increasingly large number of people who found it difficult on account of the expense to obtain the benefits of recent discoveries in medicine and surgery to which they were entitled, without applying to the voluntary hospitals. In consequence their waiting list attained inordinate dimensions.

Sir William's own feeling was against maintenance of paying wards in voluntary institutions. All

the existing beds were required for poor patients. Also he disagreed with the views of the British Medical Association that the medical staff might receive pay from patients. This he considered to be an attempt to undermine the glorious tradition that the services of the staff should be given freely.

In order to meet the situation he considered that in conjunction with certain of the large hospitals "pay hospitals" should be established. The advantages of an intimate relationship were obvious. Sir William suggested a code of rules, suitable for the conduct of such an institution, among them being the proposals that the maximum income of patients admitted should be six hundred pounds and that the fees be six pounds, six shillings weekly; that there be a resident officer, who could perform operations on patients unable to afford the fee of a consultant or surgeon. He also outlined a financial scheme based on a cost of so much per bed in a hospital of seventy-five beds, and suggested that it might be run as a limited liability company.

In discussing Sir William's paper one speaker thought that the whole matter rested on the attitude of the medical profession; without their good will and support it could not pay.

Dr. Menbies, of Charing Cross Hospital, said that the present system of private nursing homes was very unsatisfactory. They were extremely expensive; and in proportion to the money paid they treated the patients badly. He disliked the idea of a six hundred pound limit; he disliked any limit, but if there had to be one it should be ten or twelve hundred pounds. The suitability of the patient's financial position should be the test.

Mr. Frank White, of Liverpool, gave an account of a successful pay hospital in that city.

Mr. A. F. Harris, of a hospital in Shrewsbury, said that there was accommodation for two classes of patients—one, the rich in nursing homes; the other, the poor in voluntary hospitals. It was vitally important to provide accommodation for the intermediary class. In a voluntary hospital it cost an average of seven to ten shillings a day a patient, amounting to three guineas a week; he thought four to four and a half guineas were quite as much as most people of limited means could afford to pay, and would like to see a limit fixed at that. There should be no possibility of this being done as a concern making profit out of the need of people who were suffering.

Mr. Gerald Smith, of Derby, pointed out that the main difficulty was one of raising money to start the hospital.

A delegate from Sheffield said that in the end the voluntary hospitals would have to cater to all classes. The middle class was the most difficult to deal with. The middle class man "wants to be just to his family before he will be generous to the sick poor." The only wise solution of the problem was that the voluntary hospitals should attach to themselves accommodation for the middle class. He believed that in Sheffield there was an income of twenty thousand pounds waiting for the hospital so soon as the hospital could offer its services to the intermediates.

Mr. E. Stone, of Bethnal Royal Hospital, and Mr. Fielding Johnson, spoke of wards in which the maximum charge was three guineas a week, and of the success they had had.

Dr. Reed, of Manchester Jewish Hospital, argued that to avoid class distinction the paying wards should be in the same hospitals.

Mr. G. Q. Roberts, of St. Thomas Hospital, London, said that they had been compelled to charge six guineas a week.

Dr. Mackintosh, of Glasgow, said that in the pay hospital in that city they charged from two pounds ten shillings up to six pounds.

Mr. J. H. Shaw, of Southport, cited a nursing home charge of one hundred and forty-three pounds for eleven weeks, with a surgeon's additional fee of 100 guineas, and a bill to a journeyman painter of twenty-seven pounds for three weeks nursing of his son.

Dr. Veitch Clark prepared a paper which was read on "Milk Values and Dangers." He pointed out how the bacterial count could be lessened by proper care in handling and care of the herds. He quoted figures to show how heavy was the infection of children by tuberculous milk—a certainty of at least 250 a year in Manchester alone. The essayist gave a form of contract by which hospitals were assured of pure milk.

The immunities possessed by newly-born children were markedly affected in the milk ingested, and similarly there was no doubt that in the fight of the body against illness the properties of the food did at times determine the swing of the balance toward recovery when it would otherwise turn against the patient; this was true of general illness and of septic or infected conditions. Milk was one of the best media for the growth of practically all the well-known bacteria, and the whole of the processes involved in its production for sale exposed it to a degree of contamination which made it perhaps the least cleanly of foods in general use. The irregular infections of enteric fever, scarlet fever, and diphtheria which followed were not constant

in the milk; they arose as direct contamination from human sources which could virtually always be discovered. Regular contamination was of greater importance in his present subject.

Analysis of samples of milk taken from the general supply to Manchester showed the presence of as many as 181 million bacteria in a cubic centimetre. Out of seventy-five samples taken in 1922, 1923, 1924 and three months of 1925, tubercle was found in twelve. No tubercle was found in the milk supplied to the hospitals in that time. The diminution of bacterial content was the more remarkable because the hospital milk came from a long distance without ice carriage of any description. The conditions of carriage were the same as that of the general milk supply, except that the churns of the hospital milk had over-lapping lids, and were sealed at the farms.

Over a period of twenty-three years the examination of the general Manchester milk supply showed an average tubercle infection of nearly 1 to 10. During the last eleven years the average number of people under fifteen infected with non-pulmonary tuberculosis was 494, and there was therefore a certainty of at least 250 persons being annually so infected with tuberculous milk as to suffer from active disease. These cases are known to the public health authority; others did not come under observation. Careful, skilled supervision could reduce the bacteriological contamination of milk a long way, and bacteriological examination was an extremely exacting guage of the cleanliness of milk production, and as an index giving a reasonable marking of safety, to the effect of the milk in producing intestinal diseases characteristic of infancy and old age.

The primary immediate cause of these was infection in the cowshed, and it was exactly here that the supervision exercised for the hospitals was applied. The contract offered by the hospitals stipulated the absence of tubercle among other things and that the herd and premises must at any time be open to the inspection of the committee's veterinary officer. There had never been at any time difficulty in getting milk supplied under this contract, nor if these conditions were generally imposed would there be any need for an increase in the cost of milk. The relationship of the farmers and the veterinary officer had always been friendly, and much valuable help and advice had passed on to the farmer with much profit to him.

Replying at the end of the discussion, one delegate pointed out that the bacteria in milk were not necessarily all disease-producing organisms, but they were a very important and demonstrative index of cleanliness. When they realized that it was largely manurial infection, they would realize what its relation was to public health work.

Visits the South

Dr. E. S. Gilmour, of Wesley Hospital, Chicago, according to *Hospital Management*, has been in South America. He finds the outstanding difference between the rank and file of the hospitals in South America and those of United States and Canada is in respect to nursing. The average hospital there has no such nursing as is given here, due to the attitude of the public of those countries toward women and because of the century-old customs which limit the activities of women in respect to work. There are no nursing schools on a par with our better schools.

The hospitals there are fine ones, run by the government and manned by closed staffs.

One of the big things which North American hospitals may learn from their South American co-workers, according to Mr. Gilmour, is the location of the hospitals—away from the dirt and the noise of the cities. Mr. Gilmour was greatly impressed at the remarkable steps which are taken in the more progressive hospitals with respect to the establishment of patios with beautiful flowers, shrubs, trees, fountains, etc., around which the ambient patients gather.

There has been scarce more than one solitary voice—in so far as we have been able to note—raised in favor of placing our big hospitals in Canada and the United States in suburban or rural areas near cities. The HOSPITAL WORLD has always held that such is the ideal site for a hospital, and not the urban areas where there is so much noise and din, dust and smoke, bad air and poor light. Do well folks choose such a place for residence? Nay, nay. But in the outskirts where they may have some lawn, and grass and trees and flowers, and fresh air clean and pure, and lots of sunlight. Such being the case, should not sick folks go there too? Only one answer. We may still have first-aid stations down town; but with the quick motor transit, in a few minutes the average sick man can be taken to a suburban hospital. Even the victims of accidents could really be taken there, too, in most cases, because along with the down-town ambulance, the ambulance house surgeon can administer first-aid, if necessary, en route.

Hess in his admirable work on the value of ultra-violet rays in rickets and tuberculosis and other diseases says that these rays do not act if dust inter-

venes. Therefore, our hospitals in the business areas of cities cannot get the best effect from the ultra-violet (healing) rays of the sun; and the patients are thus deprived of one of the best of nature's remedies.

One has only to visit the European continental hospitals whence the South Americans got their ideas of placing hospitals, to be convinced where the best site for hospitals is, that is, if the interest of the patient is the uppermost consideration. And the slogan of all hospital workers is, "What is best for the patient?"

Some day ere long the sky scrapers and high block hospital buildings in down-town areas will be abandoned for the simply-constructed, low hospital buildings in rural sites adjoining the cities. Buildings of one storey have much in their favor. The construction is cheap, they are simply ventilated, easily lighted, require no elevators, fire risk is very slight, and patients may be wheeled directly through French doors out on to terraces whose floors are on a level with the ward floors. Here patients are close to the green earth, under trees; they can see and smell the flowers; hear the birds sing; the cattle low, and listen to the distant tinkle of the sheep bells. How Arcadian! Those who know state that such an environment is of much therapeutic value, and tends to speedy recovery.

Pay Hospitals

The proposal made by Sir William Milligan at the June Conference of the British Hospitals Association that "pay hospitals," as distinct from the present voluntary hospitals, be established to meet the needs of middle-class patients is hardly one that

will commend itself as a practical and effective way of meeting the need. It would mean a tremendous additional expense on an already overburdened financial budget.

The present situation is entirely undesirable. The voluntary hospitals with their fine traditions of free service, are filled to capacity. The private nursing homes—the only other resource—are maintained for profit, and are outrageously expensive, with often very indifferent equipment and service. Between these two, which serve only the very rich and the very poor, there is no connecting link. Both are the outcome of old-time conditions and an attitude of mind that has been gradually changing since the beginning of the century and disappeared in the cataclysm of the Great War.

The "intermediates," as one delegate termed the middle class, object to contributing to the voluntary hospitals while their own families have practically no place of recourse in sickness. Sir Will's suggestion that these pay hospitals should be limited to people whose income is not over three thousand a year is also quite impractical. It is not the amount of income but the demands upon it that form the real basis of need.

The best way out for the present in British hospitals appears to be the establishment of pay wards in connection with the voluntary hospitals, where a moderate but sliding-scale fee may be charged, and staff services given on the same basis.

The whole attitude toward sickness is subconsciously but assuredly changing. People are dimly beginning to realize that individual health is a national asset, and individual sickness a national loss as well as a menace.

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The Official Organ of The Provincial Hospital Associations, including The Ontario Hospital Association, The Alberta Hospital Association, The British Columbia Hospital Association, etc.

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Ruth T. Boyd, B.A.,
Dietitian, Ross Pavilion, Royal Victoria Hospital, Montreal.

Every institution has a centre, round which all departments revolve, and on which they depend for supplies of one kind or another. From the point of view of the dietitian, this centre is, of course, the diet kitchen. In a large hospital this is particularly true, for the influence of the dietitian extends over public wards, out-patient department, nurses' home and domestic help, the general ordering of the stores and the lectures and laboratory work of the nurses in training.

In the private pavilion, however, we see this worked out in miniature. Since a private pavilion is in itself a complete hospital unit, it has all the advantages of the larger establishment concentrated in its own small system of management.

In the Ross Memorial Pavilion, the diet kitchen is unquestionably the centre of interest. It involves the inspection of food purchased, the preparation and serving of meals for 120 patients, and the reckoning of expenses, as well as the practical instruction to student nurses and dietitians and to patients on special diets.

The Ross diet kitchen has direct communication with the serveries on the four floors of the pavilion. Thus the food prepared in the diet kitchen is sent in bulk to the floor kitchens in very short time, and is served from their steam tables to the individual trays.

The preparation and cooking of meats, vegetables, soups and other staple foods are done by the cook and her assistants, while the nurses in training look after the lighter dishes, such as desserts, cakes, salads, food for soft trays, etc., and special diets.

During their first year in training the nurses are given a course in practical cookery, to prepare them for the serving of trays on all wards, both public and private. A course in theory of dietetics, and diet in disease follows this, and forms a foundation for their diet kitchen training, which comes in the second year.

The nurses spend six weeks in the kitchen, under the direct supervision of the dietitians, and the work is so arranged that they pass gradually from junior to senior work, increasing in responsibility with each new week. They are taught the care and preparation of all kinds of food in both individual and large amounts; the keeping up of supplies and ordering for a given number of patients; the need of economy in the use of materials, labor and time; and the importance of making foods as attractive and appetizing as they are nourishing.

The pupil dietitian works very closely with the nurses in training, explaining recipes and methods of work, checking all special diets for accuracy, etc., and guiding and developing their judgment in all food-preparation and planning. The last week in the diet kitchen is spent entirely on special diet work, preparing all the food for from eight to twenty special trays, calculating new diets and changing old ones. The aim in this work is to make the food for a special disease patient (particularly the diabetic food), look and taste as much like a normal tray as possible. Since these patients are educated and intelligent, they appreciate suggestions for carrying on diet at home with the least possible monotony. They are given practical instruction in preparing their food, and a copy of all recipes used in their diets, and they are encouraged to use the diet kitchen library for studying their disease.

In the serveries on the floors, one nurse has full charge of trays for three weeks. Here she has an opportunity to know her patients and their troubles, and to see at close range the effects of diet on disease. This work is essentially a following up in detail of the diet kitchen training, and is under the eye of the dietitian as well as the staff nurse in charge of the floor. All orders for supplies for the servery are reported to the staff nurse and ordered through the dietitian.

When a special diet patient has a private nurse, the responsibility for his tray is naturally removed from the student nurse. Then the dietitian works directly with the private nurse and accompanies the doctor on his visits to that patient, and supervises the charting just as she does to patients without a special nurse.

When possible, patients are visited by the dietitian who are not particularly diet cases, but who need to be convinced that the meals sent to them are best suited to their conditions. From the standpoint of psychology, nothing satisfies a patient's mind about his diet so well as to know that the dietitian is co-operating with the doctor and is taking a direct interest in his case. It is certainly possible to do this without letting the diet

kitchen degenerate to a place for catering to private patients' gastronomical whims. The time of the nurse in training is spent in suiting foods to ailments and in studying the effects. There is no unnecessary fussing over food, or preparing out-of-season or complicated dishes, for even the most neurotic patients seem to realize that a private pavilion is a hospital, not a hotel.

The pupil dietitian in the Royal Victoria Hospital expends three of her six months in the Ross kitchen, learning hospital management, supervising the work of the nurses and becoming thoroughly familiar with the preparation and serving of all kinds of diets for private patients. She prepares a course of lectures on dietetics for nurses, and also assists in the demonstrations at diet clinics for the student doctors.

Thus it is evident that the diet kitchen in our private pavilion is compact in its system, and far-reaching in its influence. In order to hold this influence, it is necessary to be constantly renewing equipment, to allow a margin of both time and money for the working out of new ideas, to reinforce the present course of training and to strengthen the interest and co-operation of doctors in dietetics, so that the importance of this science will be even more fully realized in the future than it is at present.

LEAGUE OF NATIONS HEALTH ORGANIZATION REPORT ON TUBERCULOSIS

R. E. Wodehouse, M.D., Ottawa.

Geneva, March 25, 1925.

I desire to express my deep gratitude to your Medical Director for having accepted me as Canada's representative.

I wish to state how excellent I found the programme for our study in England, arranged by your representatives there. The local committee and Mr. Elliston did exceedingly well for us, both scientifically and socially. They were constantly enquiring as to our contentment and proferring any assistance acceptable to us.

My impression of the schemes provided in England for the education of the people, the detection of the disease and its treatment, were most favorable. They differ materially from an administrative point of view from those practices on our continent, especially in Canada. Also, the institutional practices in the treatment of cases vary in principle and conduct. The cause of any material difference in administration is due to one fact—(a) His Britannic Majesty's Government at Westminster has maintained responsibility for the practice of

prevention and treatment of disease of the 35,000,000 people in England and Wales. It collects rates from the whole people and refunds a certain amount to local authorities, towards the cost of disease-prevention work and treatment of disease. Then these two types of local effort are carried on according to the standard of equipment, both of personnel and buildings, and according to the practice approved and recommended to the Health Ministry by its experts, who have made a real study of such matters.

(b) On our continent, if I may crave the indulgence of Dr. Christian, our central or Federal Government have not retained the detailed supervision of the prevention of the disease, or its treatment, in so far as its own citizens residing in the respective states or provinces are concerned. They concern themselves with immigrants always, and interprovincial or State travel when epidemic preventable disease make their interference essential. The Central Government in Canada does not collect rates from the people, part of which is handed back for the cost of approved practices, except in the case of venereal disease. The prevention of disease and treatment of disease, both physical and mental, is provincial. The provinces do not collect rates and hand them back to the local or municipal authorities as a part of the cost of approved programmes of prevention. The provinces carry on extensive educational efforts and assist local authorities by providing literature, speakers and other features, but do not give them money. The provincial authorities do help in the cost of treatment of indigent people from all municipalities—to the extent, on the average, of one-third of the cost, giving a set daily allowance to all approved institutions. The municipalities are responsible for the educational effort, its type, or absence, also for the treatment of its indigent sick. There is no power of enforcement or approval of the action of any local authority, and no encouragement, except moral, extended by the provincial government. All effort results, either from lay or professional voluntary effort in the municipality bringing pressure to bear, by public opinion on the Governing Council, or the medical officer of health, and then the local boards of health institute any activity.

This discussion in itself will cause you, who are official workers, to picture better than I can tell, just what differences will result.

In England we have every county—since 1912—required by law to put in action certain excellent practices and equipment for the prevention and treatment of tuberculosis, and

we have fifty per cent. of the cost dangled before the authorities, as an incentive to conform in programme with that deemed best and recommended by capable experts after mature study.

In Canada we have fairly effective machinery (voluntary organizations and official bodies co-operating), working in the larger urban centres where the people have been educated to the point of approving of a requisite annual tax being set aside for health administration and treatment of disease. In the smaller centres, especially those with a part-time average medical officers of health, no programme exists at all, except that filtering in from the central provincial health departments, educational efforts through its district medical officer of health or public health nurses. Similarly, medical inspection of school children is instituted, for the most part, along the lines suggested above.

Where the work is in force with a complete programme, our practice is as similar in detail to that of England as the differing conditions will permit. It will be evident we cannot possess the liaison work between areas and between an area and its patients in institutions. This is a very great shortcoming in our work which England has bridged. This might be less in Canada if we had county medical officers of health.

As to Treatment. Most institutions are existing owing to the voluntary efforts resulting from the educational campaign carried on by our association since 1901. They existed in every province during the first year of the Great War. Three provinces now administer the sanatoria in their respective provinces. Their practice as to treatment is that "on the whole, prevailing in the U.S.A." We treat cases longer, individually, in the sanatoria; we give them much more rest than in English institutions, and we think we get fewer relapses, or should get fewer; but I have no comparative figures to give to support this impression. We use the X-ray much more generally than in England and almost invariably the stereo-film, not one of which I had the privilege of viewing at Brompton, London; Godalming; Alton Park; Ascot; Llandrindod Wells; Talgarth; Cardiff or Harefield, the institutions I was facilitated in visiting by Mr. Elliston, thanks to your very helpful concurrence.

I am mainly impressed with two things. Our efforts are distinctly divided into prevention and detection under the medical officers of health, and treatment under institutional full-time clinical men.

Our practices are very different from those in England, and I cannot bring myself to think they are both equally successful. *Tempus fugit* applies tremendously to such a humanitarian and expensive work.

One man like myself coming each year may never influence practice in any country for twelve to fifteen years. May I humbly suggest that the expenditure of twelve or sixteen years, massed into two years, would bring immediate agreement among authorities who actually do the prevention and treatment. The programme in each country might be expected to be modified in application and practice in two years, and the people and profession would benefit at once. We in Canada would be very grateful for a visit from twelve to twenty tuberculosis institutional men who would visit our institutions and then meet in open forum twenty or thirty of our men and seriously discuss these matters and arrive at definite conclusions. This equally applies to our men visiting England. We want Canadian institutional men to come to England and English institutional men to come to Canada.

We want the same exchange in mass of medical officers of health.

If too expensive, I believe if the average cost per head of this present exchange were offered, the balance could be arranged to the satisfaction of the League. Give us a change.

In recording my experience with the League of Nations Exchange of Medical Officers of Health. I believe it would be helpful to separate my report into two parts, dealing with (a) tuberculosis and (b) non-tuberculosis studies.

In regard to tuberculosis studies, this subject came to the fore before my actual arrival in London. The talks by the Ministry of Health officials during the week of February 14th, had discussed the organization and workings of the ministry as a whole and of its individual divisions. All the talks by officers of the ministry, county officers and district council authorities were summarized in mimeographed copies for us to take away. It developed that the ministry organized a tuberculosis scheme by counties, after the plan of the report of the Royal Commission on Tuberculosis in 1912. The work of combatting tuberculosis is carried on in the local authority centres by the tuberculosis staff of county council health officers. Diagnostic personnel, dispensary equipment and management, and visiting health nurses, together with treatment beds for pulmonary and non-pulmonary types are all controlled from the county health office. Schools have to be

carried on in all institutions for the treatment of children and these schools are under the control of the educational committee of the district council. The Ministry of Health furnishes fifty per cent. of the total cost of all the anti-tuberculosis programme of the county medical office, which it has approved or which conforms to the regulations laid down. This approval is necessary before the expenditure is made. In Middlesex County, I saw Harefield Sanatorium for curable cases, a dispensary with twelve to fifteen observation beds and another modern dispensary building. I saw nutritional work in the schools. The active pursuit of the practice of graduated exercise impressed me very much. We were also taken to see the King's Canadian School for undernourished London schoolboys at Bushey Park, and the Legions—a splendid hospital at Ascot for surgically tuberculous children of soldiers. The use of artificial sun treatment is being introduced extensively here by Sir Henry Gauvain, Director of the Lord Mayor Trelor Hospital for children with surgical tuberculosis.

I took the opportunity, with the concurrence of the representative, in England, of the League of Nations Medical Services, to visit the following centres in the interests of tuberculosis work: The Lord Mayor Trelor Hospital, where I found the artificial light treatment of tuberculosis being carried on very extensively and, probably, with greater success than in other centres in the United Kingdom. Sir Henry Gauvain, a very scientific, enthusiastic observer, arranged for my visit on the same day as that of the physicist of St. Bartholomew's Hospital, and the X-ray expert from the same institution. I, therefore, had the advantage of hearing their very scientific discussion of this therapeutic agent. Sir Henry Gauvain emphasized the fact that the arc lamp with carbon is the most successful and the strongest agent in his possession, and that both the arc lamp and the carbon used by him are imported from Copenhagen and that he will not accept in his hospital any modifications of the equipment already proven satisfactory. We saw lupus being very successfully treated and every other imaginable form of surgical tuberculosis. Sir Henry asked the physicist to do his utmost to establish an index of intensity of the ultra violet rays being given off by any particular equipment at any given time, and they all agreed that such a method of measurement was not in existence at the time nor was there correct measurement of the therapeutic reaction which took place in the human as a result of the application of the different forms of light. Following this,

I had the good fortune to visit the Research Institute in Hampstead, and there heard Dr. Leonard Hill state that he had an efficient method established for correctly estimating the intensity of the ultra violet rays given off at any time and, further, I understood him to say (and I am subject to correction in this) that he had a standard of measurement of systemic reaction to the treatment. Both Gauvain and Hill constantly used electric fans which played upon the exposed part along with the artificial light, thus imitating as much as possible the changing air currents which patients are open to in the sunlight and which are held by some to be just as important, physiologically, as the light. You will appreciate that each one of these things would afford one an opportunity to write a paper of some length, and I must curtail their discussion here, but following this same thought, thanks to the assistance of the Medical Services of the League of Nations in Geneva, I visited Leysin, about 2,000 feet higher than Lake Leman in Switzerland, and there was shown through one institution by Dr. Rollier, personally, and discussed with him and his assistant medical personnel each individual case. The patients were just as tanned as our Indians, as were also the patients in the Lord Mayor Trelor Hospital, Alton, England, under artificial light, and I saw many cases of tuberculous peritonitis who some months previously had very distended abdomens—ten and twelve inches—and whose abdominal walls were now quite retracted and normal, quite sensitive to percussion and palpation and seem to be quite on the way to complete arrest and cure. I did not appreciate that there are over 900 beds in separate clinics in Leysin, all under the control of Dr. Rollier, and all containing surgical tuberculous cases who were being treated entirely by the use of the sun's rays.

Before leaving England I also visited the Brompton Hospital for Chest Diseases, London; the King George V Hospital at Godalming, operated under the Metropolitan Asylum Board of London, a similar institution in Talgarth, Wales, operated under the King Edward VII Welsh Memorial Fund, as well as a third institution on the outskirts of Cardiff operated under the last mentioned organization. I had the pleasure of addressing a meeting of the medical superintendents of tuberculosis institutions in Harley Street, London, and attended a conference of the tuberculosis officers and superintendents of tuberculosis institutions in the thirteen or fourteen counties comprising the King Edward VII Welsh Memorial scheme. I attach copies of the statistical notes that

I gave to each member present at the two conferences as containing the skeleton of my remarks to them.

Upon reporting to Geneva for a four-day's conference under the chairmanship of the Medical Director of the Medical Division of the League, I was alloted the subject "Tuberculosis Work" and had to express my opinion of this particular phase of public health work as I had observed it in England. I attach hereto a copy of my remarks there.

Finally, thanks to the assistance of the Medical Director's office of the League of Nations, I reported to the Secretary of the International Union Against Tuberculosis, 2 Avenue Velasquez, Paris, and he accompanied me to the very historic Laennec clinic in Paris. We also visited a tuberculosis hospital, both for adults and children, adjacent to this clinic. I spent a morning in the offices of the International Union Against Tuberculosis and some time in the offices of the Junior Red Cross of the world in the same building, and had a pleasant interview with Sir Claude Hill, Director of the League of Red Cross Societies. Sir Claude very courteously arranged for Dr. Humbert and myself to proceed next day to Gien on the Loire River, about one hundred miles south of Paris and to motor from there to a village, called Argent, and another adjoining village about nine kilometres away, where we actually saw a dispensary in each village with a resident medical officer available, with two nurses in the first dispensary, with complete consultation rooms, a couple or three beds for observing children, ill, for a day or two, a pasteurizing and bottling plant for making milk feedings in individual bottles for babies, and the entire system of check-up and visitation to homes in which children from one to two days old to two years, are placed after the inmates of the homes have been medically examined to establish their freedom from communicable disease, particularly tuberculosis. The foster mothers in the cottages go each day to the dispensary and get feedings in six separate bottles in a basket provided by the dispensary and take these home and feed them to the children at the proper time. This brings the supervising nurse in contact with the mother every twenty-four hours. Any indisposition on the part of the child is reported immediately. The mothers receive 100 francs a month, free milk, free clothing and a free perambulator. Up to the present time, when the children reached the age of two years it has been the practice to move them to the adjoining village, about nine kilometres away, where they are placed in homes again under the supervision

of a dispensary with a part-time medical officer in charge. There they remain until they are four years old when it is considered they will have been fully protected against infection from tuberculosis, provided scientific practices are carried on in the infected home to limit the spread of the disease.

An interesting feature about this so called Grancher system, which really was originated by Dr. Grancher in order to relieve certain mothers in Paris of the care of their babies, is that it originally started without thought of anti-tuberculosis work. It was intended to relieve mothers who did not feel capable of caring for their offspring and at the same time to give the child the benefit of the splendid country air instead of having it brought up in a large institution within the city, where the mortality was found to be exceedingly high. Incidentally, the mortality in the country, according to the original plan, before the modern methods of protecting the milk supply were in practice, was very high. To Dr. Leon Bernard is due the credit, I am informed, of having modified the Grancher System for application to this particular anti-tuberculosis effort. The children are admitted into children's hospital beds in Paris, where they are observed and where from time to time a tuberculin Von Pirquet test is made. I believe it is Dr. Bernard's opinion that all these children, whether removed from the mother or father, who is grossly infective, immediately at birth, or not, are subject to a sufficient minimal dosage of tuberculosis even in the very best hospital surroundings to cause them, after a period of incubation, to manifest in due time a reaction to the Von Pirquet test. Dr. Bernard takes the time period required to obtain this positive Von Pirquet as an index to the general resistance of the child and sends only those who react favorably to the country to be placed in the homes under the supervision of those clinics. In other words, the attempt is made to eliminate the hopeless children and only incur expense in those cases which will be helped and thus not burden the dispensary service in the village or discourage the foster mothers participating in this scheme by having unnecessary deaths occur in the country. Incidentally, the Children's Tuberculosis Hospitals in Paris are simply perfect as to structure, equipment and scientific conduct. Each child is in a glass cubicle, has a complete outfit of everything necessary for its care, which is required for it alone. There is a gown inside the cubicle which the doctor or nurse puts on immediately entrance is made to the child's precincts. Other things are correspondingly complete.

I had a card of introduction to Mr. Spahlinger, but after consultation with chest authorities in London who were personal friends with the authorities in the League of Nations Medical Services and information I received about a deposit of 50,000 F. in the Geneva bank, now idle for two years, available for the Spahlinger work provided the management would meet with the simple requirement of providing sufficient of the material for authentic investigation in England, I felt that I would not visit the institution.

I had the privilege of seeing a number of cases in London and several additional cases in Cardiff which had been treated with the sanocrysin and serum of Dr. Moellgaard. I, further, had the privilege of discussing with Dr. Dreyer and a Dr. Douglas in the Institute of Research at Hampstead, the observation of thirty additional cases in England. The results obtained vary. Apparently satisfactory recoveries have occurred absolutely in accordance with the statements of Dr. Moellgaard. Other unfortunate results have occurred, the death of some of the patients having been materially hastened and the condition of others turned to a much more hopeless clinical state. The reactions occurring in some of the patients and the serum sickness manifested have been most severe, albuminuria and almost suppression being a symptom which becomes very troublesome. The general opinion seemed to be that an important agent has been made available, but that very considerable further work is necessary in the selection of cases, in modifying the agencies used, or in providing other agencies which will aid in the control of the reactions resulting from the treatment. I also heard a report, on the whole favorable, of a considerable number of cases, treated with Sir Leonard Roger's Sodium Morrhuate, presented to the Welsh Conference.

During my visits to the Royal Naval College Medical School and the Royal Army Medical School, I was shown very advanced research work which was going on in regard to respiration, varying pressures resulting from aircraft work as well as submarine and caisson work, systems for checking ventilation in ships and in barracks, etc.

Society Proceedings

THE SECOND ANNUAL RETREAT AND CONFERENCE OF THE INTERNATIONAL CATHOLIC GUILD OF NURSES

From May 31st, 1925, to June 6th, 1925, there was held at Spring Bank, Okauchee, Wisconsin, a notably interesting and sucessful retreat and conference for the International Catholic Guild of Nurses. The beautiful property at Spring Bank, recently acquired to be held in trust for the International Guild, the Catholic Hospital Association, and the Marquette Laymen's Retreat League, was the scene of retreat and conferences attended by nurses, both Catholic and non-Catholic, from all parts of the United States.

The exercises of the retreat were conducted by Reverend Edward F. Garesché, S.J., general spiritual director of the International Catholic Guild of Nurses, and were followed with singular interest and fervor by groups of nurses from sixteen centres of the United States. The retreat lasted two and a half days and at its conclusion an afternoon of recreation and sociability was arranged for, so as to allow the delegates to the conference to register and to become acquainted.

On June 4th, 5th and 6th, a most notable programme was carried out, the general subject being, "Nursing Opportunities." Various important phases of this subject were discussed by nationally known experts in the different departments in question. Thus, Miss Evelyn Wood, of the Central Council of Nursing Education, Chicago; Sister Domitilla, Instructress of Nurses, St. Mary's Hospital, Rochester, Minnesota; Miss Mabel Boyd, of the U.S. Rubber Company, Chicago; Doctor M. N. Federspiel, of the Federspiel Polyclinic, Milwaukee; Miss Mary Anderson, directress of nurses, Englewood Hospital, Chicago; and Miss Rose Bigler, chief nurse of the Peoria State Hospital, Peoria, Illinois; Major E. A. Fitzpatrick, dean of the Graduate School, Marquette University; Miss M. Blanche Adkinson, instructor, St. Mary's Hospital, Minneapolis, Minnesota; Miss Meta Pennock, editor of the *Trained Nurse and Hospital Review;* Miss Hodgman, of the National Organization for Public Health Nursing, and the Reverend John P. Boland, Buffalo, N.Y., and Reverend Stephen Klopfer, St. Francis,

Wisconsin, together with Father Moulinier, president of the Catholic Hospital Association, were present in person to read papers and answer questions on subjects on which they are authorities.

The round-table discussions held after each paper were particularly interesting and valuable, and the programme was pronounced one of the most notable ever offered to nurses. Among those who attended and took part in the discussions were, besides those already mentioned, Miss Adda Eldridge, president of the American Nurses' Association, and director of the Bureau of Nursing Education for the State of Wisconsin, Madison, Wisconsin; Miss Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee; Mrs. Bertha S. Stanford, Misericordia Hospital, New York City, N.Y.; Miss Henrietta Wiltzius, U.S. Naval Hospital, Great Lakes, Illinois, and Miss Elizabeth Casey, Burlington, Wisconsin.

The attendance at the conference, according to the official registration, exceeded one hundred. The following officers were elected by unanimous vote: Miss Kathryn McGovern, Minneapolis, Minnesota, president; Miss Mary Sullivan, Aberdeen, South Dakota, 1st vice-president; Miss Marcella T. Heavren, New Haven, Connecticut, 2nd vice-president; Miss Frances E. O'Donnell, Toledo, Ohio, corresponding secretary; Miss Rose Harten, New York, N.Y., recording secretary; Miss Evelyn Shea, Blue Island, Illinois, treasurer. Committees were also appointed for the coming year as follows: art, guild-house membership, publicity, retreats, sodality, auditing and entertainment.

Reviewing the growth of the Guild, during its first year, Father Garesché expressed great satisfaction and appreciation of the efforts of the nurses and Sisters who have co-operated in the notable success achieved. The membership now exceeds six hundred, and represents two hundred cities in the United States besides members in Canada, Ireland and Scotland.

Requests have come from Hungary, Australia, and the Island of Ceylon for permission to establish local groups of the International Catholic Guild of Nurses.

The following resolutions were adopted at the conclusion of the conferences:

Resolved, that we express our thanks to the officers of the Catholic Hospital Association, and the editorial and office staff of *Hospital Progress,* the personnel of Spring Bank, the nursing journals, and the members of the Catholic Press Association, the Reverend Clergy, Sisters and nurses who, by their

work or contribution to the conference, and by their aid, made the conference a success.

Resolved, that the secretary be requested to write a special letter of thanks to the people who have distinguished themselves by their service to the Guild.

Resolved, that the following activities be made the programme for the coming year: Minimum objective, membership, 2,400; minimum endowment fund, $6,000; the development of regional conferences of the Guild to correspond to the conferences of the Catholic Hospital Association; the organization of local groups of the Guild, with the co-operation of local officers and regional spiritual directors.

Resolved, that the members of the Guild should be inspired to take special interest in the sodality of the hospital with which they are affiliated.

Selected Articles

SAYING IT IN ENGLISH

Do Londoners know London? In most cases they do not. Walking or driving they rush along its streets with minds so preoccupied that they do not consider the thing they see. To take one instance. Every day thousands of people go up and down Great Portland Street. How many of them know that as they go southward from Regents Park towards Oxford Street they are passing on their left a building in which about two hundred children are being rescued from deformity—a wonderful building in which medical skill and experienced nursing are tenderly turning limbs that are weak and crooked into limbs that are straight and strong?

They do not see the building—do not know that it is there! Well, in this case, it must be confessed there is good and ample excuse for their ignorance. They have passed a hospital—The Royal National Orthopædic Hospital—but surely, in the whole of London, no other hospital is so completely hidden from view.

That is the first, and a very real, disadvantage under which the hospital labors. It does not advertise itself as an outstanding building which can be seen from afar. Then there is its name—or at any rate one word in its name—"Orthopædic." That word has an imposing sound if properly pronounced, but what meaning does it convey to the innumerable passers-by? It must, surely, be admitted that the vast majority of Londoners are not primed and versed in the knowledge of Greek roots. How then can they be expected to realize that here we have a hospital which sets itself the task of making crooked children straight? (Gr. Ortho=straight. Paideia=the rearing of children.)

Once inside the building, however, with its many floors and airy wards, the meaning of the title is made clear, and the success of its work becomes manifest. Little tots are taken there so deformed, so twisted out of human shape, so weak and helpless, that one shudders at the sadness of it all. Here we have childhood handicapped at its beginning—childhood the absolute opposite of what childhood *ought* to be.

"A gloomy place!" you will say. Not at all. Quite the reverse. There are toys everywhere, and flowers. There are smiles on tiny faces. There is downright genuine laughter. The children are being cared for—they are being led by skilful hands away from deformity into a better, brighter and stronger life. Let us say it in English, not in Greek. This is the Great National Hospital for making crooked children straight.—*The Spectator.*

Hospital Items

AN ARCTIC HOSPITAL

Since the recent trials of some Eskimo murderers at Aklavik this busy northern judiciary and fur-trading centre has captured the imagination of most Canadians. The town is on the delta of the Mackenzie River, fully 2,000 miles north of Edmonton, 132 miles within the Arctic circle and only fifty miles from the Arctic Ocean.

In this district winter lasts almost nine months of the year, and for seven weeks in the winter the sun is not visible. Yet travellers tell of pleasant, sociable people there and brisk seasons of trade when the Eskimos gather to sell and barter their furs. The town now even boasts sidewalks. There is a court house, a Mounted Police barracks, the Hudson's Bay Company's and the Northern Trading Company's posts, the latter being established by Alonso P. Eckardt, who founded the town.

The hospital is the property of the Anglican Church. Besides being a fur-trading post, Aklavik is also a missionary centre. Both the Roman Catholic and Anglican Churches have missions there. It is under the direction of the Right Reverend J. R. Lucas, bishop of the diocese of Mackenzie River, who has spent thirty years in the north country, that the project of the hospital is being carried out. To assist him the Rev. C. McCallum left for Aklavik on the June steamer to make arrangements for the receipt of the materials and the erection of the buildings.

The hospital and nurses' home is being supplied by a Toronto firm. The building is of the regular standard winter construction of this company. It is a frame structure throughout. Every piece in the building is cut and fitted, so that when the materials are delivered it is only necessary to nail them together. All of the hardware, glass, paint, insulating felt and other details are included with the shipment.

A feature of the packing is that all the glass for the windows has been packed in molasses to prevent breakage. Even so, chances against breakage are being foreseen by shipping a duplicate pane of glass for every window in the building. Since nothing is wasted in the north country, the probability is that the molasses will be utilized in the diet kitchen after the glass is extracted, either in panes or in pieces. Since breakage even of boards would be a calamity, many of these have been also duplicated.

The Governor-General has expressed his interest in the hospital, especially in the method of transportation. All the cut and filled material for the building, which comes from the company's British Columbia mill to Waterways in two freight cars, is being loaded on a scow. The feature about this scow it that it will be pushed by the steamer instead of being towed. This is on account of the rough current. Towing the scow would cause the boat to zig-zag too much.

One long portage divides the river in two, requiring two steamers to make the complete trip. From Waterways to Fitzgerald is the first stage of the river journey on the steamer *Athabasca*. This is a distance of 292 miles. From Fitzgerald to Smith is a portage of sixteen miles. The freight is unloaded and taken across the roads to Fort Smith by tractors and teams. Here it is loaded on the steamer *Distributer,* which proceeds to Aklavik, a distance of 1,258 miles.

The main features of the trip are the immense distances of river; the wide expanse of lakes; shooting the San Sault Rapids on the Mackenzie; the Ramparts of the same noble river; witnessing the midnight sun within the Arctic circle, and seeing the Eskimos at Aklavik.

The round trip of 4,000 miles from Edmonton takes thirty-five days. This unique hospital, in accordance with the slogan of the company, can be built in a day, although, as it has been pointed out, a day in Aklavik is sometimes six weeks long. Still, mounted policemen and all the townspeople are going to help in fitting the puzzle building together when it arrives.

FIRE AT HAMILTON SANATORIUM

Fire, which broke out on August 25th, in the staff house of the Mountain Sanatorium, Hamilton, threatened for a time to wipe out the huge million dollar institution on the mountain where nearly five hundred patients are waging a fight against the white plague, tuberculosis.

Fifty members of the hospital staff were at breakfast in the dining-room when a patient in a nearby building observed the flames in the upper storey and gave the alarm. A call was sent in at once for the Hamilton fire department, which responded in a body and made the long mountain climb in record time.

After two hours' strenuous work the firemen succeeded in preventing the flames from spreading to the nearby buildings, where a large number of the most serious cases were located. The patients preserved remarkable coolness in face of the danger, although spread of the blaze would have spelt death to many of the "bed cases."

The staff building is an old house of the Maclean farm, and is of frame construction. In it the matron and some other members of the staff reside. It is used mainly as a large dining-room for all the sanatorium staff, and for offices. It stands just at the entrance to the sanatorium grounds, which are located on the mountain top just west of the city on the road to Brantford.

Within seventy-five yards of the doomed building is the preventorium where over eighty children are housed. They were all removed to a place of safety, as were patients in other neighboring buildings, a number of which cluster around the staff building and were in danger of catching fire. Many of the buildings are of frame and of open construction and might have fallen easy prey to the flames had not every precaution been taken. Most of the patients at the sanatorium are returned soldiers.

Directly across from the burned building is the Grafton Infirmary. Patients on the balcony of this building first saw the fire and gave the alarm.

The cause of the blaze is still a mystery. It started in the room of a nurse—a room that has not been occupied for days. It was a room generally occupied by Miss Lillian Belmont, but she has been ill and in the infirmary since last Tuesday, and the room has been vacant since then.

The upper part of the building was damaged most. It contained several sleeping rooms and a large room filled with new linen, which was a total loss. The basement of the building was used to store huge quantities of sugar, canned goods and other foods. All this was removed to safety. The loss is estimated at about $10,000; of this $5,000 is the damage to the building and about $5,000 to the contents.

Nobody was injured in the fire, but two attendants whose rooms are on the upper floor of the staff house lost all their personal belongings.

The business manager has his office in the staff building. The building itself is one of the oldest of the sanatorium buildings. It was built about fifty years ago, and was originally a farm house on the old McLean homestead before the property was taken over for a sanatorium. One addition was made to it eighteen years ago, and an addition was made to the kitchen about six years ago.

This is the second fire at the sanatorium in a little over three years, in them one of the hospital buildings was burned to the ground, lack of water pressure being one of the factors at that time.

LODGE GIFT TO HOSPITAL

At the General Hospital, Belleville, on July 24th, the Eastern Star room was formally opened and presented to the governors of the institution by representatives of the Belleville Chapter No. 55, Eastern Star. The room is done in walnut and blue and gold, and seasonable flowers adorned the tables. Mrs. Norman Kerr, Worthy Matron, made the presentation, and Mrs. W. H. Nugent read an address on the foundation and purpose of the Eastern Star Order.

NEW NURSES APPROVED

The following appointments to the Department of Health, Toronto, have been approved by the Board of Control. Miss Mildred Corrigan, nurse, in place of Miss I. Nicol, resigned; Miss Helen Louise Haley, nurse, replacing Miss W. Murray; Miss Helen F. Pulling, nurse, replacing Miss B. M. Hutchison, and Miss Thelma E. Lowrey, nurse, in place of Miss H. Daly, on leave of absence.

Book Reviews

The Coming of Baby, by Lucy E. Ashby, State Registered Nurse, and Kate Atherton L. Earp, State Registered Nurse. With a Foreword by Sir James Cantile, K.B.E., M.A., M.B., F.R.C.S., V.D. The Scientific Press, 28-9 Southampton Street, Strand, London, W.C. 2. 1925. Price 2 shillings net.

This little volume—eighty odd small pages—is a sort of First Aid Guide Book written for the benefit of mothers and prospective mothers in the outposts of the Empire, and particularly in the tropics. It contains the usual advice on prenatal care, preparations for confinement, the conduct of labor in the absence of skilled assistance, the care of the newborn baby, etc.; but in addition there are more useful hints to parents taking children abroad. The clinical and hygienic teaching in the text are faultless and the practical lessons are complete in their scope and reliable in their principles.

Operating Room Procedure for Nurses and Internes. By Henry C. Falk, M.D. With a foreword by Eugene H. Pool, M.D. With 275 illustrations. New York and London: G. P. Putnam's Sons (The Knickerbocker Press). 1925. Price, $2.50.

Dr. Pool in his introduction to this excellent book of Dr. Falk says that ordinarily the nurse receives too little organized and systematic teaching as to operating-room details to ensure safe and intelligent co-operation in her early efforts. He says that the mastering of Dr. Falk's book will render the nurse more reliable, interesting and intelligent. This is true. The book is one that might well be studied by every interne, epecially before or when he goes on the surgical service; since it describes in detail, with many illustration, instruments to be used and the various steps of many important operations. We commend this splendid little volume as a text for our Canadian training schools and also for the interne staffs of all our hospitals.

A Manual of Midwifery. By Thomas Watts Eden, M.D., C.M., Edin., F.R.C.P. Lond., F.R.C.S. Edin., Major R.A.M.C. and Eardley Holland, M.B., B.S. Lond., F.R.C.P. Lond., F.R.C.S. Eng. Sixth edition, with seven plates and 393 illustrations in the text. Toronto: The Macmillan Company. 1925. Price, $6.25 net.

This book is up-to-date, authoritative, an excellent work both as to substance and style of presentation. Reports of the study of the anthropoid ovum up to the period of development when the early human ova are available for study are presented. The section of toxæmias of pregnancy is new; and the treatment of eclampsia may be considered as neither too radical or too conservative. The chapter on normal labor

(which we advise all students to read first) is well presented. Special emphasis is laid on digital examination per rectum, rather than per vaginam. The chapter on abnormal presentations and dystochia due to pelvic contraction are worthy of especial study. Their description and appropriate handling are well presented. The authors discard the old classification of uterine infections into sapræmia and septicæmia. They emphasize the importance of accurate diagnosis by bacteriological examination of the uterine cavity at the first onset of severe symptoms. Nothing new is advocated in the way of treatment of these infections. A distinction is drawn between the terms "fœtus" and "infant"; and between "live birth" and "dead birth"; only when pulmonary respiration has begun can live birth be said to have taken place.

Pediatric Nursing. A Text-book for Nurses by Abraham Levinson, B.S., M.D., Associate in Pediatrics, Northwestern University Medical School. Illustrated with twenty-seven engravings and one colored plate. Lea & Febiger, Philadelphia and New York. 1925. Price, $2.50.

The author dedicates this work to his wife, "The best child's nurse I have ever known." The medical part of the book contains the author's lectures to the nurses in Michael Reese Hospital, dealing with the principal diseases of childhood. Articles on the psychological and sociological phases of child nursing have appeared in *The Nation's Health* and *Mother and Child.* Dr. Levinson holds that a knowledge of the physiology and general hygiene of the child in a state of health, as well as an acquaintance with the psychological and sociological elements of child nursing, are very essential, and he has stressed them. Pupil nurses and nursing tutors will find this book instructive and helpful.

Lectures to Nurses. Being a complete series of lectures to probationary nurses in their first, second and third years of training, by Margaret S. Riddell, A.R.R.C., Matron, St. Mary's Hospital, Hampton. New and enlarged edition. London: The Scientific Press, Limited, 28-9 Southampton Street, Strand, W.C. 2. Price, 6/- net.

There is something meaty and substantial in this type of British book on nursing, by Miss Riddell. This new edition has accounts of advances in diagnosis and treatment—skiagraphy and insulin for example. New sections appear on obstetrical

nursing, ductless glands, bacteriology, skin diseases; while the section on diet and on nursing sick children have been enlarged. The book covers the field of instruction required by the General Nursing Councils for State Registration examinations. We hope to see these good, solid British books used in our Canadian schools.

The Nurses' Handbook of Hygiene. An Elementary Text-book by L. E. H. Whitby, B.A., M.B., B.Ch. (Cantab.), D.P.H. (R.C.P.S.), Assistant Pathologist, Middlesex Hospital. London: The Scientific Press, Limited, 28-9 Southampton Street, Strand, W.C. 2. Price, 4/6 net.

Dr. Whitby's well-written little book is meant to be used for nurses preparing for examination and to show them the necessity for prevention as well as cure. It deals with air, ventilation, heating, lighting, humidity, water, disposal of refuse, infection and infectious diseases, insects and parasites, food, and personal hygiene in a luminous way. The illustrations are good.

Ethics. A Text-book for nurses by Charlotte Talley, R.N., formerly Superintendent of Nurses, Blossburg State Hospital, Blossburg, Pa. New York: G. P. Putnam's Sons. Price $1.50.

There is nothing that is of greater importance to those who follow "Nursing" as their calling than that of "Ethics," theoretical and practical. A nurse, who wishes to command respect, must first think of others, always effacing the personal pronoun. Her charge must come first and her service be invariably disinterested. Charlotte Talleys' small book deserves support. It contains a good deal of material that should be read and then re-read.

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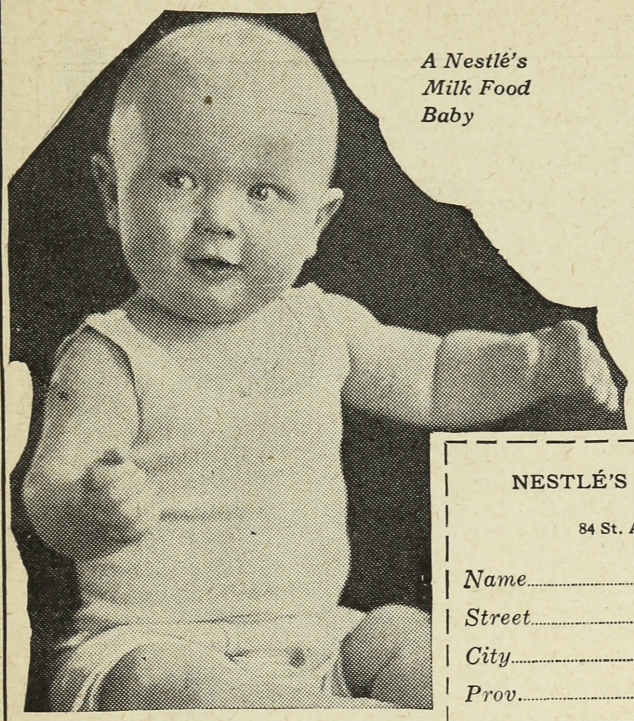
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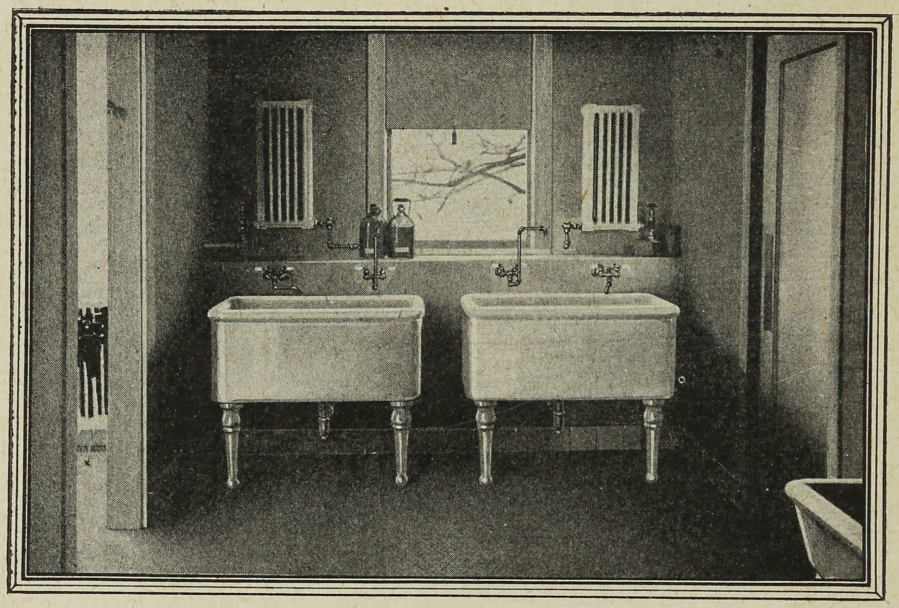
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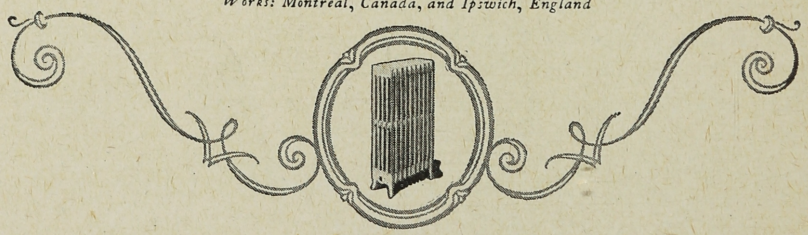
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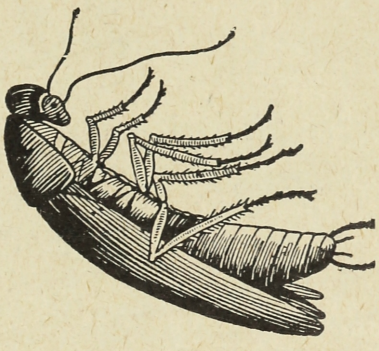
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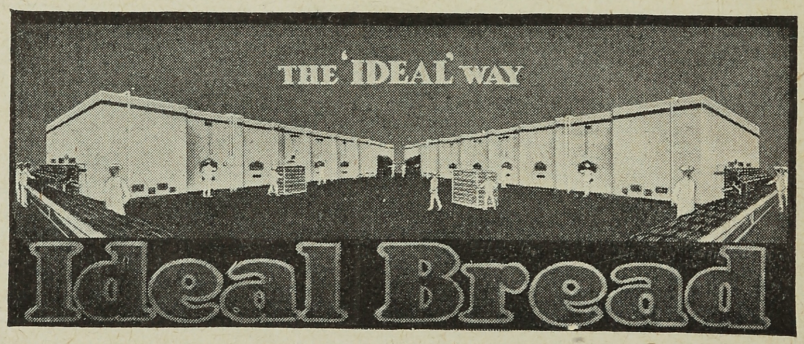
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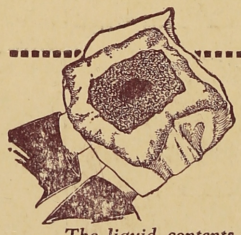
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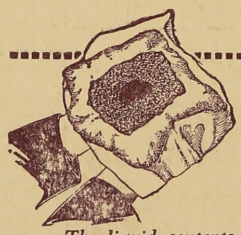
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